

We are requesting records, as indicated, on the child whose name appears on the attached Authorization for Release of Information.

Information will be used for the purpose of assisting in determining eligibility for participation in the Pervasive Developmental Disorder Waiver.

**Please fax information, to 803-935-5269 or forward information, by mail, to:**

PDD Information and Referral  
Center for Disability Resources  
University of South Carolina School of Medicine  
Columbia, South Carolina 29208

**Attention: Karla Kyer**

We regret that we are unable to provide payment for copying records.

Thank you for your assistance. If additional information is required, please call 803-935-5265.